

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re _SUNRISE / HOVCARE L.P.

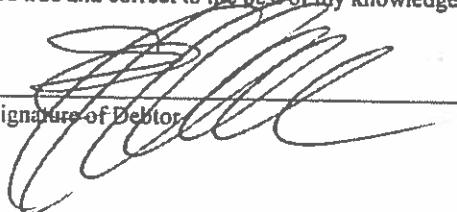
Case No. _16-13894 (JNP)
Reporting Period: MAY 2016

MONTHLY OPERATING REPORT
File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	X	
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Postpetition Taxes	MOR-4	N/A	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	N/A	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Debtor Questionnaire	MOR-5	X	

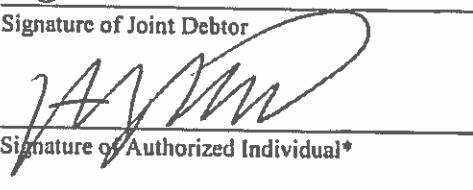
I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.


Signature of Debtor

Date 6-17-16


Signature of Joint Debtor

Date


Signature of Authorized Individual*

Date 6-17-16

Robert W. Haslam
Printed Name of Authorized Individual

V.P. of Operations
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR
(9/99)

In re_SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-I (CONT)]

BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPEN	PAYROLL	TAX	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	134.88			134.88	109.88	-232.17	-232.17
RECEIPTS							
CASH SALES							
ACCOUNTS RECEIVABLE							
LOANS AND ADVANCES	1,669.11			1,669.11	2,257.53	2,373.59	3,295.13
SALE OF ASSETS							
OTHER (ATTACH LIST)					0.00	287.05	296.93
TRANSFERS (FROM DIP ACCTS)							
TOTAL RECEIPTS	1,669.11			1,669.11	2,257.53	2,660.84	3,592.08
DISBURSEMENTS							
NET PAYROLL							
PAYROLL TAXES							
SALES, USE, & OTHER TAXES	1,511.53			1,511.53	1,511.53	1,511.53	1,511.53
INVENTORY PURCHASES							
SECURED/RENTAL/LEASES							
INSURANCE							
ADMINISTRATIVE	0.00					178.00	178.00
SELLING						15.00	45.00
OTHER (ATTACH LIST)	157.58			157.58	553.00	412.06	1,180.48
OWNER DRAW *							
TRANSFERS (TO DIP ACCTS)							
PROFESSIONAL FEES							
U.S. TRUSTEE QUARTERLY FEES	0.00					325.00	325.00
COURT COSTS							
TOTAL DISBURSEMENTS	1,669.11			1,669.11	2,257.53	2,293.59	3,250.01
NET CASH FLOW							
RECEIPTS LESS DISBURSEMENTS	0.00			0.00	0.00	367.05	342.05
CASH - END OF MONTH	134.88			134.88	109.88	134.88	109.88

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	1,669.11
LESS: TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	0.00
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	0.00
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	1,669.11

FORM MOR-I
(9-99)

**In re SUNRISE / HOVCARE L.P.
Debtor**

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

BANK RECONCILIATIONS

Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page.

OTHER

Please see attached bank statement

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

Explanation

Bank account opened in April for D.I.P. account

Explanation for Other disbursements under Current month

Pymt for utilities	
Electric	103.88
S/W	53.70
	<hr/>
	157.58

Explanations for Other Receipts under Cumulative Actual

Actual is funding to Sunrise prior to DIP account being opened
Clayton Urban ck 2491 to fund acct 3/4/16 \$287.05

Explanations for Other Disbursements under Cumulative Actual

Pymt for utilities	
Electric	304.66
S/W	107.40
	<hr/>
	412.06

In re SUNRISE / HOVCARE L.P.
Debtor

Case No._ 16-13894 (JNP)
Reporting Period.. MAY 2016

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

	Month	Cumulative Filing to Date
REVENUES		
Gross Revenues	0.00	0.00
Less: Returns and Allowances	0.00	0.00
Net Revenue	0.00	0.00
COST OF GOODS SOLD		
Beginning Inventory	0.00	0.00
Add: Purchases	0.00	0.00
Add: Cost of Labor	0.00	0.00
Add: Other Costs (attach schedule)	0.00	0.00
Less: Ending Inventory	0.00	0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
OPERATING EXPENSES		
Advertising	0.00	0.00
Auto and Truck Expense	0.00	0.00
Bad Debts	0.00	0.00
Contributions	0.00	0.00
Employee Benefits Programs	0.00	0.00
Insider Compensation*	0.00	0.00
Insurance	0.00	0.00
Management Fees/Bonuses	0.00	0.00
Office Expense	0.00	0.00
Pension & Profit-Sharing Plans	0.00	0.00
Repairs and Maintenance	22.74	22.74
Rent and Lease Expense	0.00	0.00
Salaries/Commissions/Fees	0.00	0.00
Supplies	0.00	0.00
Taxes - Payroll	0.00	0.00
Taxes - Real Estate	0.00	1,511.53
Taxes - Other	0.00	0.00
Travel and Entertainment	0.00	0.00
Utilities	126.53	538.59
Other (attach schedule)	0.00	97.50
Total Operating Expenses Before Depreciation	149.27	2,170.36
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	-149.27	-2,170.36
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	0.00	0.00
Interest Expense	0.00	0.00
Other Expense (attach schedule)	0.00	0.00
Net Profit (Loss) Before Reorganization Items	0.00	0.00
REORGANIZATION ITEMS		
Professional Fees	0.00	0.00
U. S. Trustee Quarterly Fees	0.00	325.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0.00	0.00
Gain (Loss) from Sale of Equipment	0.00	0.00
Other Reorganization Expenses (attach schedule)	0.00	0.00
Total Reorganization Expenses	0.00	325.00
Income Taxes	0.00	0.00
Net Profit (Loss)	-149.27	-2,495.36

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re_SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
Other Costs		
Other Operational Expenses		
Bank fees		45.00
Annual reporting State of NJ		52.50
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CON'T)
(9/99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

Explanation

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period MAY 2016

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	134.88	-232.17
Restricted Cash and Cash Equivalents (see continuation sheet)	0.00	0.00
Accounts Receivable (Net)	4,208,322.72	4,208,322.72
Notes Receivable	0.00	0.00
Inventories	0.00	0.00
Prepaid Expenses	0.00	0.00
Professional Retainers	0.00	0.00
Other Current Assets (attach schedule)	0.00	0.00
TOTAL CURRENT ASSETS	4,208,457.60	4,208,090.53
PROPERTY AND EQUIPMENT		
Real Property and Improvements	203,300.00	203,300.00
Machinery and Equipment	0.00	0.00
Furniture, Fixtures and Office Equipment	0.00	0.00
Leasehold Improvements	0.00	0.00
Vehicles	0.00	0.00
Less Accumulated Depreciation	-152,000.00	-152,000.00
TOTAL PROPERTY & EQUIPMENT	51,300.00	51,300.00
OTHER ASSETS		
Loans to Insiders*	0.00	0.00
Other Assets (attach schedule)	0.00	0.00
TOTAL OTHER ASSETS	0.00	0.00
TOTAL ASSETS	4,259,757.60	4,219,390.53
LIABILITIES AND OWNER EQUITY		
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	126.53	0.00
Taxes Payable (refer to FORM MOR-4)	0.00	0.00
Wages Payable	0.00	0.00
Notes Payable	0.00	0.00
Rent / Leases - Building/Equipment	0.00	0.00
Secured Debt / Adequate Protection Payments	0.00	0.00
Professional Fees	0.00	0.00
Amounts Due to Insiders*	0.00	0.00
Other Postpetition Liabilities (attach schedule)	0.00	0.00
TOTAL POSTPETITION LIABILITIES	126.53	0.00
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	13,447.28	13,447.28
Priority Debt	0.00	0.00
Unsecured Debt	124,867.08	124,807.08
TOTAL PRE-PETITION LIABILITIES	138,254.36	138,254.36
TOTAL LIABILITIES	138,380.89	138,254.36
OWNER EQUITY		
Capital Stock	0.00	0.00
Additional Paid-in Capital	4,137,618.28	4,137,618.28
Partners' Capital Account	0.00	0.00
Owner's Equity Account	1,091.80	1,091.80
Retained Earnings - Pre-Petition	-17,573.89	-17,573.89
Retained Earnings - Postpetition	-2,495.36	0.00
Adjustments to Owner Equity (attach schedule)	0.00	0.00
Postpetition Contributions (Distributions) (Draws) (attach schedule)	2,735.88	0.00
NET OWNER EQUITY	4,121,376.71	4,121,136.19
TOTAL LIABILITIES AND OWNERS' EQUITY	4,259,757.60	4,219,390.53

*"Insider" as defined in 11 U.S.C. Section 101(31)

FORM MOR-3
(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

BALANCE SHEET - continuation sheet

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets		
Other Assets		
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Postpetition Liabilities		
Adjustments to Owner Equity		
Postpetition Contributions (Distributions) (Draws)		
funding for pymt of invoices	2,735.88	
Hovbros Cinnaminson - \$1,669.11		
Hovbros Clayton Urban - \$541.53		
JS Hovnanian & Sons \$525.24		

Restricted Cash: cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

Explanation

Secured Debt - Taxes due to Twp \$13,447.28 pre-petition

Unsecured Debt - \$4,504.05 payables to vendors - \$38,555.65 suspense account - \$81,747.38 accrued payables
pre-petition

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
 Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
 Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other:						0.00
Total Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
State and Local						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other:						0.00
Total State and Local	0.00	0.00	0.00	0.00	0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable

	Current	Number of Days Past Due				Total
		0-30	31-60	61-90	Over 90	
Accounts Payable	126.53	0.00	0.00	0.00	0.00	126.53
Wages Payable	0.00	0.00	0.00	0.00	0.00	0.00
Taxes Payable	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Building	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Secured Debt/Adequate Protection Payments	0.00	0.00	0.00	0.00	0.00	0.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00
Amounts Due to Insiders*	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Total Postpetition Debts	126.53					

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	4,208,323
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	4,208,323

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	4,208,323
Total Accounts Receivable	4,208,323
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	4,208,323

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		X
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

The receivable balance is comprised of intercompany receivables, \$4,208,232. This amount was reported as the pre-petition balance.

BANK RECONCILIATION

MONTH: MAY

COMPANY: SUNRISE I - PARKE BANK

PREPARED BY: SLP

DATE: 6/14/2016

General Ledger Beginning Balance: 134.88

Deposits: 1,669.11

Disbursements: -1,669.11

Prior Month's Adj Jes: _____

Prior Month's Adj Jes: _____

Current Month Adjusting Entries: _____

GENERAL LEDGER ENDING BALANCE 134.88

Bank Fees: _____

Interest: _____

Adjusted General Ledger Ending Balance 134.88

Add: Outstanding Checks 0.00

CHECK	DATE	AMOUNT

Reconciled General Ledger Balance 134.88

Bank Ending Balance: 134.88

Sweep
Operating 134.88
Cash

Adjustments to Bank Balance (Operating) 134.88

Bank Adjusted Balance 134.88

Reconciliation Difference 0.00

**Statement Ending 05/31/2016**

Page 1 of 4

P.O. Box 40
601 Delsea Dr.
Sewell, NJ 08080

RETURN SERVICE REQUESTED

>000766 3987362 0001 092537 102

SUNRISE HOVCARE LP
DEBTOR IN POSSESSION
CASE #16-13894
900 BIRCHFIELD DR
MOUNT LAUREL NJ 08054-4017

Managing Your Accounts

	Phone Number	1-866-PARKEBK (727-5326)
	Mailing Address	P.O. Box 40 601 Delsea Dr. Sewell, NJ 08080
	Online Access	www.parkebank.com

**Summary of Accounts**

Account Type	Account Number	Ending Balance
Parke Business	XXXXXXXXX1846	\$134.88

Parke Business - XXXXXXXXX1846**Parke Business Checking****Account Summary**

Date	Description	Amount
05/01/2016	Beginning Balance	\$459.88
	1 Credit(s) This Period	\$1,669.11
	4 Debit(s) This Period	\$1,994.11
05/31/2016	Ending Balance	\$134.88

Deposits

Date	Description	Amount
05/06/2016	Deposit	\$1,669.11

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount
5507	05/04/2016	\$325.00	5509	05/12/2016	\$53.70
5508	05/12/2016	\$103.88	5510	05/11/2016	\$1,611.53

* Indicates skipped check number

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



**Statement Ending 05/31/2016**

Page 3 of 4

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
Three Thousand Two Hundred Fifty Five Dollars and No Cents
Fees imposed on
U.S. TRUSTEE
FATIGUE PARTS
ATLANTA, GA 30339-2800
Winn Dixie, Inc., D/B/A Winn-Dixie
PO BOX 144480
MT LAUREL, NJ 08043-4480
40004-1846

Date: 6/28/2016 11:51:01
\$ 325.00

008807

5507 \$325.00

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
PUBLIC SERVICE ELECTRIC & GAS
One Hundred Thirty Dollars and Eighty Eight Cents
Fees imposed on
PUBLIC SERVICE ELECTRIC & GAS
PO BOX 144480
MT LAUREL, NJ 08043-4480
40004-1846

Date: 6/28/2016 11:51:01
\$ 133.88

008808

5508 \$103.88

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP MIA
Fifty Three Dollars and Seventy Cents
Fees imposed on
DEPTFORD TOWNSHIP MIA
PO BOX 144480
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 53.70

008809

5509 \$53.70

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP
One Thousand Five Hundred Eleven Dollars and Fifty Three Cents
Fees imposed on
DEPTFORD TOWNSHIP
1011 CYPRESS ST
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 1,511.53

008810

5510 \$1,511.53

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP MIA
PO BOX 144480
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 325.00

008811-3421-74
US TELCO 04-ECS
22148303

5507 \$325.00

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP MIA
PO BOX 144480
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 103.88

008812

5508 \$103.88

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP MIA
PO BOX 144480
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 53.70

008813

5509 \$53.70

RECEIVED/REFUSED, L.P. - DEP 16-13894(DT)
RECEIVED/REFUSED
MT LAUREL, NJ 08043

To the
U.S. TRUSTEE
DEPTFORD TOWNSHIP MIA
One Thousand Five Hundred Eleven Dollars and Fifty Three Cents
Fees imposed on
DEPTFORD TOWNSHIP MIA
1011 CYPRESS ST
DEPTFORD, NJ 08023
40004-1846

Date: 6/28/2016 11:51:01
\$ 1,511.53

008814

5510 \$1,511.53

SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)
General Ledger for a Specific Account
1/1/2016 to 5/31/2016

PARKE BANK - D.I.P.
GL ACCOUNT: 100112

SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)**Check Register****5/1/2016 to 5/31/2016**

Sub Co	Check#	Status	Check Date	Amount	Vendor	Paid To Order of	Bank	Manual	SRC
Cash Account 100112									
612	005508		5/4/2016	103.88	005000	PUBLIC SERVICE ELEC & GAS	A	<input type="checkbox"/>	C
612	005509		5/4/2016	53.70	NOF	DEPTFORD TOWNSHIP MUA	A	<input type="checkbox"/>	C
612	005510		5/4/2016	1,511.53	NOF	DEPTFORD TOWNSHIP	A	<input type="checkbox"/>	C
Account Total:				1,669.11	Register Total:				1,669.11
					VOIDS Total:				0.00
					Net Paid:				1,669.11
					Register Total:				1,669.11
					VOIDS Total:				0.00
					Net Paid:				1,669.11

A/P Aged Invoice Report
As of 05/31/2016

Vendor	Name	Invoice#	Inv Date	Due Date	Balance	Current	Due	30	60	90	120
Company: 612 SUNRISE / HOVCARE L.P. - DIP SUNRISE I											
005000	PUBLIC SERVICE ELEC	3804APR2016	4/29/2016	5/6/2016	72.02		72.02				
				Vendor Totals:	72.02		72.02				
NOF	DEPTFORD TOWNSHIP	3046MAY2016	5/5/2016	5/5/2016	54.51		54.51				
				Vendor Totals:	54.51		54.51				
Company: 612											
				Company Totals:	126.53		126.53				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Martin Company 500 Jessup Road West Deptford, NJ 08066 Sam Martin		CONTACT NAME: PHONE [A/C. No. Excl]: 856-845-3636 E-MAIL: ADDRESS:	FAX [A/C. No.]: 856-845-9191
INSURED	Sunrise/Hovcare LP 900 Birchfield Drive Mt. Laurel, NJ 08054	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Ins Co	NAIC #
		INSURER B: Travelers Ind Co. of Amer	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INBD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		REVISION NUMBER:
						EACH OCCURRENCE	\$ 1,000,000	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER-POLICY PRO- <input type="checkbox"/> JECT LOC OTHER		3C41325	04/06/2016	04/06/2017	DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 60,000	
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					MED EXP (Any one person)	\$ 5,000	
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				PERSONAL & ADV INJURY	\$ 1,000,000	
	DED RETENTION \$					GENERAL AGGREGATE	\$ 2,000,000	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PRODUCTS - COMPIOP AGG	\$ 2,000,000	
B	Building Coverage		QT 660 6807P897 TIA 11	04/06/2016	04/06/2017	PER STATUTE	OTHR	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER

CANCELLATION

US Bankruptcy Court

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Sam Martin